

Town of Jupiter
Public Records Estimate Charges

Department Name _____

Subject: Public Records Request for _____

Service Charge:

Position Title: _____

Hourly Rate \$ _____

Hours (less initial 30 minutes): _____

Total labor cost: \$ _____

Total pages copied: _____

@ \$.15 per copy: \$ _____

Total CDs purchased: _____

@\$1.00 per CD \$

*** Estimated Charge: \$ _____**

Total Charge: \$ _____

I agree to pay all charges up to the amount as enumerated above for this Public Records Request.

Name _____ **Date** _____

*** Cost estimate of the charges necessary to complete this request before proceeding.**